

Medi-Cal Provider Enrollment Branch
Tips for Success
How to Complete a Physician Application Package

General tips for all applicants

- Submit a complete application package. A complete application package consists of the *Medi-Cal Physician Application/Agreement*, a *Medi-Cal Disclosure Statement*, and all the required attachments. Current forms are available on the Medi-Cal Web site at www.medi-cal.ca.gov. Click the “Provider Enrollment” link.
 - Use current forms. Outdated forms are not acceptable.
 - Before completing the application forms, carefully read all form instructions.
 - Answer all questions, check boxes, lines, etc. Do not leave blank spaces. Enter “N/A” if not applicable.
 - Although stated as optional, including your Social Security Number (SSN) may hasten the application review process.
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Preferred Provider Status

See the February 2004 *Medi-Cal Update* for specific application requirements to request consideration as a preferred provider.

The applicant or provider must meet all of the following criteria at the time s/he submits an application package to the Department:

- A. Hold a current license as a physician and surgeon issued by the Medical Board of California or the Osteopathic Medical Board of California, which has not been revoked, whether stayed or not, suspended, placed on probation, or subjected to other limitation; and
 - B. Meet at least one of the following:
 - Be a current faculty member of a teaching hospital or a children’s hospital as defined in W & I Code, Section 10727, accredited by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association Healthcare Facilities Accreditation Program (AOA HFAP);
 - Be credentialed by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975;
 - Be credentialed by a county organized health system; or,
 - Be a current member in good standing of a group credentialed by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975; and
 - C. Have full, current, unrevoked, unsuspended privileges at a general acute care hospital accredited by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) or American Osteopathic Association Healthcare Facilities Accreditation Program (AOA HFAP); and
 - D. Have no adverse entries in the Healthcare Integrity and Protection Data Bank/National Practitioner Data Bank (HIPDB/NPDB).
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Change of business address

- A change in service or business address requires submission of a complete application package (*Medi-Cal Physician Application/Agreement*, *Medi-Cal Disclosure Statement*, and required attachments). A *Medi-Cal Supplemental Application* is not acceptable.
 - Check the “additional business address” box and write “ADDRESS CHANGE” on the top of the form.
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**Physician
Application: “Type
of enrollment action
requested”**

When filling out the *Medi-Cal Physician Application/Agreement* (DHS 6210), please be sure to:

- Check the appropriate “Enrollment action requested” box. For example:
 - If you are a new provider (but not a rendering provider of a group), check the box “☐ **New Provider.**”
 - If you are a new rendering provider of an existing Medi-Cal group, check the boxes “☐ **New Provider**” and “☐ **Existing provider group – specify group number(s): _____.**” Include the group number(s) of the applicable existing physician group(s).
 - If you are a new rendering provider of a physician group also enrolling into Medi-Cal, check the boxes “☐ **New Provider**” and “☐ **Provider group applicant – group name: _____.**” Include the name of the new physician group enrolling into Medi-Cal.
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**Physician
Application: “Type
of entity”**

- If you are a stand-alone, individual provider (i.e., not in a group), check the applicable type of entity that describes your business structure. Example: sole proprietor, corporation, etc.
 - If you are a rendering provider in a group (new or existing), check the box “☐ **Other: _____**” and write “**rendering provider/employee of group.**”
 - Verify that you have checked the same “Type of Entity” on both the *Medi-Cal Physician Application/Agreement* (DHS 6210) and the *Medi-Cal Disclosure Statement* (DHS 6207).
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**If you are a
rendering provider,
Line 21 does not
apply**

If you are a rendering provider in a group, do not answer Line 21; write “N/A.” This information is required only if the physician is an individual provider providing services at a licensed health facility, such as a hospital or clinic.

Legal name

The legal name on the *Medi-Cal Physician Application/Agreement* (DHS 6210) must match the legal name on the *Medi-Cal Disclosure Statement* (DHS 6207) and as shown on the medical license. **NOTE:** Only the physician may sign the application on Line 22.

**If your business
name is different
from your legal
name**

If your business name is different from your legal name, include a copy of the Fictitious Name Permit and answer all questions under Line 2 as indicated.

**Business telephone
number and
business address**

- Line 3 (“Business telephone number”) refers to the telephone number of the *service* location.
 - Line 4 (“Business address”) refers to the address *where services are rendered*.
 - If the service location is a hospital, make sure to include an “**ATTN: _____**” line to the right of the service address on Line 4, as the notification letters with the provider numbers are mailed to this address. Without the “ATTN” to a specific person or location known to the hospital, these letters are often not received by the provider.
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Proof of Liability insurance

- Line 18 (“Proof of Liability Insurance”) refers to liability insurance for the location where services are provided. Liability insurance is also known as general or business insurance.
- Line 19 (“Proof of Professional Liability Insurance”) refers to malpractice insurance.
- You must provide information and proof for both types of insurance coverage. (Those providers who deliver all services in the licensed facility identified on the application are exempt from submitting proof of liability insurance.)

Advisory opinions

The Department of Health Services is unable to provide advisory opinions. If you are unclear about how to interpret Medi-Cal instructions or regulations, please contact your legal counsel for assistance.

Notification of receipt within 30 days

A letter acknowledging receipt of your application package will be sent to your business address in approximately 30 days. Please retain it in your file. The letter includes a six-digit document number. Please reference this number in any follow-up correspondence or telephone inquiry.

The status of your application

Please do not call the Provider Enrollment Branch (PEB) for the status of your application. Within 180 days following the receipt of your complete application package (90 days for preferred providers), you will receive written notification of one of the following:

- The application is approved for enrollment as a provisional provider.
 - The application is incomplete and additional information is needed.
 - The application is referred for a comprehensive review and background check.
 - The application is denied with the reasons(s) for denial.
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